. No. 2
M—2-43
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 18 1943

State File No. 36373

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9728

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City SANITARIUM. -3-15-43 C
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11-4-43
In this community 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County 93
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 2028 RUSSELL BLV.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MATHILDA FRYE.
3. (b) If veteran, name war NO
3. (c) Social Security No. NO.
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife John FRYE
6. (c) Age of husband or wife if alive ... years
7. Birth date of deceased AUGUST 8 1860 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	83	2	27	hr. min.

9. Birthplace MISSOURI 0 (City, town, or county) (State or foreign country)
10. Usual occupation NIL
11. Industry or business
FATHER 12. Name UNK. FOHR.
13. Birthplace GERMANY 4 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name UNKNOWN
15. Birthplace GERMANY 4 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Isabelle Meglitsch
(b) Address 2028 Russell Blv.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV 8 1943 (Month) (Day) (Year)
(c) Place: burial or cremation OLD. SS. PETER & PAUL.
18. (a) Signature of funeral director E. J. Schnur.
(b) Address 3125 Lafayette Av.
19. (a) NOV 6 1943 (Date received local registrar) (b) J. F. [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 4. year 1943 hour 10 minute 15 A.M.
21. I hereby certify that I attended the deceased from ...., 19...., to ...., 19....;
that I last saw h.... alive on ...., 19....,
and that death occurred on the date and hour stated above.
Immediate cause of death Fracture of neck of rt femur
Arteriosclerosis suffered when knocked to the floor at City Sanitarium by another patient on Sept. 24 1943 about 5.30 AM — Duration
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Sept 24 1943
(c) Where did injury occur? St Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? City Sanitarium (Specify type of place)
While at work? no (e) Means of injury fall.
23. Signature Alfred [illegible] (M. D. or other)
Address [illegible] Date signed 11/5/43

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(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed..... Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.